

Filed By The Court

5/8/2025 5:37 PM

U.S. BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA

IN RE:

CASE NO: 25-01384-JD

CHAPTER: 13

JACQUELINE ELIZABETH ARD and  
TERRY FRANK NICOLA

DEBTOR(S)

STATEMENT OF CHANGE  
(Fed. R. Bankr P. 1009; SC LBR 1009-1)

**Please take notice** the debtor(s) named above has filed with the Bankruptcy Court an amendment to documents submitted on April 10, 2025.

1. Amended Creditor Matrix with Verification of Amended Creditor Matrix
2. The Chapter 13 Plan has been amended
3. Statement of Financial Affairs has been amended
4. Schedules D, E/F, and H have been amended with removal/corrections of additional creditors
5. Receipt for filing fee of Additional Creditors

Notice of the Statement of change and the above-mentioned documents have been provided to all affected parties, via First Class Mail to each of the affected parties' known address, and to the US Trustee, and the case Trustee via Electronic Mail.

I, hereby, certify that all information provided is true and accurate to the best of my knowledge.

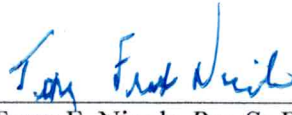
Date: 5/8/25



Jacqueline E. Ard *Pro Se* Debtor  
239 Beach City Rd Unit 3218  
Hilton Head Island, SC 29926  
Jacquelineard72@gmail.com

Date: \_\_\_\_\_

5-8-25



Terry F. Nicola *Pro Se* Debtor

Mailing Address:

21215 Dartmouth Dr.

Southfield, MI 48076

Terrynicola30@gmail.com

Fill in this information to identify your case:

Debtor 1 Jacqueline Elizabeth Ard  
 First Name Middle Name Last Name

Debtor 2 Terry Frank Nicola  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of South Carolina

Case number (if 25-01384-JD  
 known)

☒ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion
Do not deduct the value of collateral.		If any

2.1 Estate At Westbury Owners Assoc, Inc Describe the property that secures the claim: \$22,625.02 \$91,950.00 \$0.00

Creditor's Name

Board of Directors85 Kensington Blvd

Number Street

Bluffton, SC 29910-4884

City State ZIP Code

Who owes the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_ Last 4 digits of account number 1 4 0 7

PIN R600 031 000 0266 1106

100 Kensington Blvd Unit 1106 Bluffton, SC 29910-7484 Estate at Westbury (violation of the automatic stay)

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☒ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$22,625.02

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<u>2.2</u>	<b>Hilton Head Resort Four Seasons Centre</b> Creditor's Name <b>Wm Weston J Newton Jones, Simpson &amp; Newton, PA</b> <b>Po Box 1938</b> Number      Street <b>Bluffton, SC 29910-1938</b> City              State              ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: <u>\$43,493.32</u> <div style="border: 1px solid black; padding: 2px;"> <b>PIN R510 012 000 025B 4408</b>  663 William Hilton Pkwy Unit 4408 Hilton Head Island, SC 29928-3537 </div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Last 4 digits of account number <u>4</u> <u>4</u> <u>0</u> <u>8</u>	<u>\$139,200.00</u>	<u>\$0.00</u>
Remarks: Alleged HOA fees				
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$43,493.32</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		_____		

Debtor 1	<u>  Jacqueline  </u>	<u>  Elizabeth  </u>	<u>  Ard  </u>	Case number (if known) <u>  25-01384-JD  </u>
Debtor 2	<u>  Terry  </u>	<u>  Frank  </u>	<u>  Nicola  </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>	
<b>Part 1:</b>	<p>After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.</p>				
<b>2.3</b>	<p><b>Nationstar Mortgage, LLC</b></p> <p>Creditor's Name <b>Attn: Bankruptcy Department</b> <b>PO Box 619096</b> Number Street <b>Dallas, TX 75261-9741</b> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>  01/27/2022  </u></p>	<p>Describe the property that secures the claim: <u>  \$211,866.31  </u></p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <b>PIN R510 012 000 025B 4408</b>          663 William Hilton Pkwy Unit 4408 Hilton Head Island, SC 29928-3537       </div> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u>  4  </u> <u>  1  </u> <u>  9  </u> <u>  2  </u></p>	<u>  \$211,866.31  </u>	<u>  \$139,200.00  </u>	<u>  \$72,666.31  </u>
<b>2.4</b>	<p><b>Norman Jewelry and Loan</b></p> <p>Creditor's Name <b>24777 Telegraph Suite B</b> Number Street <b>Southfield, MI 48034</b> City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>  08/18/2024  </u></p>	<p>Describe the property that secures the claim: <u>  \$3,260.73  </u></p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <b>Woman's custom made engagement ring</b> </div> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number <u>  1  </u> <u>  6  </u> <u>  4  </u> <u>  7  </u></p>	<u>  \$3,260.73  </u>	<u>  \$25,000.00  </u>	<u>  \$0.00  </u>
<p><b>Remarks:</b> Refuse to Turnover Property of the Estate</p>					
<p>Add the dollar value of your entries in Column A on this page. Write that number here:</p>		<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;"><b>\$215,127.04</b></div>			
<p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</p>		<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;"></div>			

Debtor 1	<u>  Jacqueline  </u>	<u>  Elizabeth  </u>	<u>  Ard  </u>	Case number (if known) <u>  25-01384-JD  </u>
Debtor 2	<u>  Terry  </u>	<u>  Frank  </u>	<u>  Nicola  </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
<b>Part 1:</b>	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
<b>2.5</b>	<b>Polly Nicola</b> <hr/> Creditor's Name <b>2583 Lower Assembly Drive</b> <hr/> Number      Street <hr/> <b>Fort Mill, SC 29708</b> <hr/> City              State              ZIP Code <hr/> <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred _____ Last 4 digits of account number _____	<b>Describe the property that secures the claim:</b> <u>  unknown  </u> <u>  \$2,508.87  </u> <u>  \$0.00  </u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Komatsu: Northern Trust (1)</div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>  Domestic: MSA (Non-Qualifying DSO)  </u>		
	<b>Remarks:</b> Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds			
<b>2.6</b>	<b>Polly Nicola</b> <hr/> Creditor's Name <b>2583 Lower Assembly Drive</b> <hr/> Number      Street <hr/> <b>Fort Mill, SC 29708</b> <hr/> City              State              ZIP Code <hr/> <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred _____ Last 4 digits of account number _____	<b>Describe the property that secures the claim:</b> <u>  unknown  </u> <u>  \$2,356.94  </u> <u>  \$0.00  </u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Komatsu: Northern Trust (2)</div> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>  Domestic: Non-Qualifying DSO  </u>		
	<b>Remarks:</b> Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds			
<b>Add the dollar value of your entries in Column A on this page. Write that number here:</b>		<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">\$0.00</div>		
<b>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</b>		<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;"></div>		

Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<u>2.7</u>	<b>Polly Nicola</b> Creditor's Name <u>2583 Lower Assembly Drive</u> Number Street  <u>Fort Mill, SC 29708</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____ Remarks: Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds	Describe the property that secures the claim: <u>unknown</u>  <b>Komatsu: Joy Global</b>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Domestic: Non-Qualifying DSO</u>	<u>\$1,242.06</u>	<u>\$0.00</u>
<u>2.8</u>	<b>The Spa on Port Royal Sound</b> Creditor's Name <u>Board of Directors</u> <u>239 Beach City Rd</u> Number Street <u>Hilton Head, SC 29926-4707</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>09/25/2023</u> Last 4 digits of account number <u>1 8 1 8</u>	Describe the property that secures the claim: <u>\$47,933.53</u>  <b>PIN R510 005 000 008B 3218</b> <u>239 Beach City Rd Unit 3218 Hilton Head Island, SC 29926-4718</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____	<u>\$132,450.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$47,933.53</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<b>2.9</b>	<b>Title Max Corporation</b> <hr/> Creditor's Name <b>15 Bull St</b> <hr/> Number      Street <hr/> <b>Savannah, GA 31401-2685</b> City                  State                  ZIP Code <hr/> <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>09/01/2024</u> Last 4 digits of account number	Describe the property that secures the claim: <u>\$4,565.00</u> <div style="border: 1px solid black; padding: 2px;"> <b>2017 Hyundai Elantra</b>  Needs Radiator and Transmission Work </div> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Title Loan</u>	<u>\$5,736.00</u>	<u>\$0.00</u>
<b>2.10</b>	<b>West-Aircomm FCU</b> <hr/> Creditor's Name <b>Weltman, Weinberg &amp; Reis Co LPA</b> <hr/> <b>5990 W Creek Rd Ste 200</b> Number      Street <hr/> <b>Independence, OH 44131-2191</b> City                  State                  ZIP Code <hr/> <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>09/21/2018</u> Last 4 digits of account number	Describe the property that secures the claim: <u>\$11,243.32</u> <div style="border: 1px solid black; padding: 2px;"> <b>2018 Jeep Grand Cherokee</b>  Needs Transmission Work </div> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	<u>\$10,904.00</u>	<u>\$339.32</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$15,808.32</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				



Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
<b>Part 1:</b>	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
<b>2.11</b>	<b>Westlake Financial</b> <hr/> Creditor's Name <b>2 Equity Way Ste 200</b> <hr/> Number      Street <hr/> <b>Westlake, OH 44145-1045</b> <hr/> City              State              ZIP Code <hr/> <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred <u>03/28/2023</u>	Describe the property that secures the claim: <u>\$35,584.44</u> <u>\$7,475.00</u> <u>\$28,109.44</u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>2020 Ram Truck ProMaster</b>                          Needs Transmission Work Commercial Use                     </div> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <hr/> <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)      _____ <hr/> Last 4 digits of account number <u>7</u> <u>0</u> <u>8</u> <u>3</u>		
<b>2.12</b>	<b>Zeidmans Jewelry &amp; Loan of MI</b> <hr/> Creditor's Name <b>Best Law Tara E. Nauful</b> <hr/> <b>Po Box 2374</b> <hr/> Number      Street <hr/> <b>Mt Pleasant, SC 29465-2374</b> <hr/> City              State              ZIP Code <hr/> <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <hr/> Date debt was incurred <u>07/29/2024</u>	Describe the property that secures the claim: <u>\$990.00</u> <u>\$3,500.00</u> <u>\$0.00</u> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>Earrings Ladies Hoop diamonds</b> </div> <hr/> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <hr/> <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)      _____ <hr/> Last 4 digits of account number <u>6</u> <u>2</u> <u>1</u> <u>2</u>		
<b>Remarks:</b> Refused to turnover property of the Estate				
<b>Add the dollar value of your entries in Column A on this page. Write that number here:</b>		<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;"> <b>\$36,574.44</b> </div>		
<b>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</b>		<div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">                                       </div>		



Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<b>2.15</b>	<b>Zeidmans Jewelry &amp; Loan of MI</b> Describe the property that secures the claim: <u>                    </u> Creditor's Name <u>Best Law Tara E. Nauful</u> <u>Po Box 2374</u> Number      Street <u>Mt Pleasant, SC 29465-2374</u> City              State      ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>08/09/2024</u> Last 4 digits of account number <u>8 7 0 1</u> Remarks: Refused to Turnover Property of the Estate	<u>\$308.75</u>	<u>\$1,200.00</u>	<u>\$0.00</u>
<b>2.16</b>	<b>Zeidmans Jewelry &amp; Loan of MI</b> Describe the property that secures the claim: <u>                    </u> Creditor's Name <u>Best Law Tara E. Nauful</u> <u>Po Box 2374</u> Number      Street <u>Mt Pleasant, SC 29465-2374</u> City              State      ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>08/10/2024</u> Last 4 digits of account number <u>8 7 7 5</u> Remarks: Refuse to Turnover Property of the Estate	<u>\$554.00</u>	<u>\$1,800.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$862.75</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim	Column C Unsecured portion <small>If any</small>
<b>Part 1:</b>	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			
<b>2.17</b>	<b>Zeidmans Jewelry &amp; Loan of MI</b> Describe the property that secures the claim: <u>Bracelet Ladies</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Date debt was incurred <u>08/10/2024</u> Last 4 digits of account number <u>8 7 7 6</u>	<b>\$336.00</b>	<b>\$1,500.00</b>	<b>\$0.00</b>
	Creditor's Name <u>Best Law Tara E. Nauful</u> <u>Po Box 2374</u> Number Street <u>Mt Pleasant, SC 29465-2374</u> City State ZIP Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt 			
<b>2.18</b>	<b>Zeidmans Jewelry &amp; Loan of MI</b> Describe the property that secures the claim: <u>Gold Herring Bone Heirloom Necklace</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Date debt was incurred <u>08/30/2024</u> Last 4 digits of account number <u>2 4 5 0</u>	<b>\$663.00</b>	<b>\$2,500.00</b>	<b>\$0.00</b>
	Creditor's Name <u>Best Law Tara E. Nauful</u> <u>Po Box 2374</u> Number Street <u>Mt Pleasant, SC 29465-2374</u> City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt 			
Remarks: Refuse to Turnover Property of the Estate				
Add the dollar value of your entries in Column A on this page. Write that number here:		<b>\$999.00</b>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<u>2.19</u>	<b>Zeidmans Jewelry &amp; Loan of MI</b> Describe the property that secures the claim: <u>\$3,344.40</u> Creditors Name: <u>Best Law Tara E. Nauful</u> <u>Po Box 2374</u> Number Street: <u>Mt Pleasant, SC 29465-2374</u> City State ZIP Code: <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>11/30/2024</u> Last 4 digits of account number <u>2 4 5 1</u> <b>Remarks:</b> Refuse to Turnover Property of the Estate	<u>\$3,344.40</u>	<u>\$23,740.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:		<u>\$3,344.40</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<u>\$387,112.82</u>		

Debtor 1	<b>Jacqueline</b>	<b>Elizabeth</b>	<b>Ard</b>	Case number (if known) <b>25-01384-JD</b>
Debtor 2	<b>Terry</b>	<b>Frank</b>	<b>Nicola</b>	
	First Name	Middle Name	Last Name	

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

1.	<b>Bromley Law Firm LLC</b> Name <b>Evan K. Bromley</b> <b>211 Goethe Rd Ste B</b> Number Street <b>Bluffton, SC 29910-6014</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number _____
2.	<b>Julie A. Franklin, Esq</b> Name <b>Po Box 2976</b> Number Street  <b>Bluffton, SC 29910-2976</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number _____
3.	<b>Jones, Simpson, and Newton PA</b> Name <b>Attn: Wm Weston J Newton</b> <b>7 Plantation Park Drive Suite 3</b> Number Street <b>Bluffton, SC 29910</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.2</u> Last 4 digits of account number _____
4.	<b>Nationstar Mortgage, LLC</b> Name <b>Attn: Bankruptcy Department</b> <b>PO Box 619096</b> Number Street <b>Dallas, TX 75261-9741</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.3</u> Last 4 digits of account number _____
5.	<b>Taybron Law Firm LLC</b> Name <b>3399 Churchview Ave</b> Number Street  <b>Pittsburgh, PA 15227-4358</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.5</u> Last 4 digits of account number _____
6.	<b>Morgan Lewis &amp; Bockius LLP</b> Name <b>Attn: Matt Hawes</b> <b>One Oxford Centre, Thirty-Second FLR</b> Number Street <b>Pittsburgh, PA 15219-6401</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.5</u> Last 4 digits of account number _____

Debtor 1	<b>Jacqueline</b>	<b>Elizabeth</b>	<b>Ard</b>	Case number (if known) <b>25-01384-JD</b>
Debtor 2	<b>Terry</b>	<b>Frank</b>	<b>Nicola</b>	
	First Name	Middle Name	Last Name	

**Part 2:** List Others to Be Notified for a Debt That You Already Listed - Additional Page

7.	<b>Komatsu Benefit Dept</b> Name <b>Mark Harder</b> <b>401 E Greenfield Ave</b> Number Street <b>Milwaukee, WI 53204-2941</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.5</u> Last 4 digits of account number _____
8.	<b>Taybron Law Firm LLC</b> Name <b>3399 Churchview Ave</b> Number Street <b>Pittsburgh, PA 15227-4358</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number _____
9.	<b>Komatsu Benefit Dept</b> Name <b>Mark Harder</b> <b>401 E Greenfield Ave</b> Number Street <b>Milwaukee, WI 53204-2941</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number _____
10.	<b>Morgan Lewis &amp; Bockius LLP</b> Name <b>Attn: Matt Hawes</b> <b>One Oxford Centre, Thirty-Second FLR</b> Number Street <b>Pittsburgh, PA 15219-6401</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.6</u> Last 4 digits of account number _____
11.	<b>Taybron Law Firm LLC</b> Name <b>3399 Churchview Ave</b> Number Street <b>Pittsburgh, PA 15227-4358</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.7</u> Last 4 digits of account number _____
12.	<b>Komatsu Benefit Dept</b> Name <b>Mark Harder</b> <b>401 E Greenfield Ave</b> Number Street <b>Milwaukee, WI 53204-2941</b> City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.7</u> Last 4 digits of account number _____

Debtor 1	<b>Jacqueline</b>	<b>Elizabeth</b>	<b>Ard</b>	Case number (if known) <b>25-01384-JD</b>
Debtor 2	<b>Terry</b>	<b>Frank</b>	<b>Nicola</b>	
	First Name	Middle Name	Last Name	

**Part 2:** List Others to Be Notified for a Debt That You Already Listed - Additional Page

<p><b>13.</b> <b>Morgan Lewis &amp; Bockius LLP</b></p> <p>Name</p> <p><b>Attn: Matt Hawes</b></p> <p><b>One Oxford Centre, Thirty-Second FLR</b></p> <p>Number Street</p> <p><b>Pittsburgh, PA 15219-6401</b></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <b>2.7</b></p> <p>Last 4 digits of account number _____</p>
<p><b>14.</b> <b>Law Office of Scott M. Wild LLC</b></p> <p>Name</p> <p><b>Scott M. Wild</b></p> <p><b>37 New Orleans Road Suite F</b></p> <p>Number Street</p> <p><b>Hilton Head Island, SC 29928</b></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <b>2.8</b></p> <p>Last 4 digits of account number _____</p>
<p><b>15.</b> <b>Mutterer Law Firm, LLC</b></p> <p>Name</p> <p><b>Jannine M. Mutterer, Esq</b></p> <p><b>5 Red Cedar Street Suite 102</b></p> <p>Number Street</p> <p><b>Bluffton, SC 29910</b></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <b>2.8</b></p> <p>Last 4 digits of account number _____</p>
<p><b>16.</b> <b>Smith Debnam Narron Drake Saintsing</b></p> <p>Name</p> <p><b>&amp; Myers, LLP Lucas S. Fautua</b></p> <p><b>171 Church St Ste 120c</b></p> <p>Number Street</p> <p><b>Charleston, SC 29401-3136</b></p> <p>City State ZIP Code</p>	<p>On which line in Part 1 did you enter the creditor? <b>2.8</b></p> <p>Last 4 digits of account number _____</p>





Fill in this information to identify your case:

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <u>South Carolina</u>			
Case number (if known)	<u>25-01384-JD</u>		

☒ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
<u>2.1</u>	<u>Beaufort County Treasurer</u>			
Priority Creditor's Name				
<u>Property Tax</u>				
<u>Po Box 105176</u>				
Number Street				
<u>Atlanta, GA 30348-5176</u>				
City State ZIP Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
<input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Remarks: PIN: R510-005-000-008B-3218				
Last 4 digits of account number <u>3 2 1 8</u>		<u>\$3,702.32</u>	<u>unknown</u>	<u>\$3,702.32</u>
When was the debt incurred? <u>01/15/2025</u>				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent				
<input type="checkbox"/> Unliquidated				
<input type="checkbox"/> Disputed				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations				
<input type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				

Debtor 1 Jacqueline Elizabeth Ard Case number (if known) 25-01384-JD  
 Debtor 2 Terry Frank Nicola  
 First Name Middle Name Last Name

Part 1: **Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.2</u>	<b>Beaufort County Treasurer</b>	Last 4 digits of account number	<u>1 1 0 6</u>	<u>\$2,021.07</u>	<u>unknown</u>	<u>\$2,021.07</u>
Priority Creditor's Name		When was the debt incurred? <u>01/15/2025</u>				
<b>Property Tax</b>						
<b>Po Box 105176</b>		As of the date you file, the claim is: Check all that apply.				
Number	Street	<input type="checkbox"/> Contingent				
<b>Atlanta, GA 30348-5176</b>		<input type="checkbox"/> Unliquidated				
City	State	ZIP Code	<input type="checkbox"/> Disputed			
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only		Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Domestic support obligations				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No						
<input type="checkbox"/> Yes						
Remarks: PIN: R600-031-000-0266-1106						
<u>2.3</u>	<b>Beaufort County Treasurer</b>	Last 4 digits of account number	<u>4 4 0 5</u>	<u>\$3,761.77</u>	<u>unknown</u>	<u>\$3,761.77</u>
Priority Creditor's Name		When was the debt incurred? <u>01/15/2025</u>				
<b>Property Tax</b>						
<b>Po Box 105176</b>		As of the date you file, the claim is: Check all that apply.				
Number	Street	<input type="checkbox"/> Contingent				
<b>Atlanta, GA 30348-5176</b>		<input type="checkbox"/> Unliquidated				
City	State	ZIP Code	<input type="checkbox"/> Disputed			
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only		Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Domestic support obligations				
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input type="checkbox"/> Check if this claim is for a community debt		<input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No						
<input type="checkbox"/> Yes						
Remarks: PIN: R510-012-000-025B-4405						

Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.4</u>	<b>City of Detroit Water and Sewerage Dept</b> <hr/> Priority Creditor's Name <b>735 Randolph St</b> <hr/> Number      Street <hr/> <b>Detroit, MI 48226-2830</b> <hr/> City              State              ZIP Code	Last 4 digits of account number <u>0</u> <u>3</u> <u>0</u> <u>1</u>  When was the debt incurred?      _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$1,383.51</b>	<b>unknown</b>	<b>\$1,383.51</b>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt						
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>						
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
<u>2.5</u>	<b>City of Detroit Water and Sewerage Dept</b> <hr/> Priority Creditor's Name <b>735 Randolph St</b> <hr/> Number      Street <hr/> <b>Detroit, MI 48226-2830</b> <hr/> City              State              ZIP Code	Last 4 digits of account number <u>3</u> <u>3</u> <u>0</u> <u>1</u>  When was the debt incurred?      _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$1,782.38</b>	<b>unknown</b>	<b>\$1,782.38</b>	
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt						
<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>						
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.6</u>	<b>Consumer Energy Company</b> Priority Creditor's Name <b>Attn: Legal Dept</b> <b>One Energy Plaza Dr</b> Number Street <b>Jackson, MI 49201-2357</b> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Utility Services	Last 4 digits of account number <u>8 5 2 5</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	<u>\$347.83</u>	<u>\$347.83</u>	<u>\$0.00</u>	
<u>2.7</u>	<b>County of Allegheny Treasurer</b> Priority Creditor's Name <b>Room 108 Courthouse</b> <b>436 Grant St</b> Number Street <b>Pittsburgh, PA 15219</b> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>P 1 4 6</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$116.36</u>	<u>unknown</u>	<u>\$116.36</u>	

Debtor 1 Jacqueline Elizabeth Ard Case number (if known) 25-01384-JD  
 Debtor 2 Terry Frank Nicola  
 First Name Middle Name Last Name

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<u>2.8</u>	<b>East Pittsburgh Borough</b>	Last 4 digits of account number	<u>P 1 4 6</u>	<u>\$363.96</u>	<u>unknown</u>	<u>\$363.96</u>
Priority Creditor's Name		When was the debt incurred?				
<u>813 Linden Ave</u>						
Number Street						
<u>East Pittsburgh, PA 15112</u>		As of the date you file, the claim is: Check all that apply.				
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
Remarks: 513 Main						
<u>2.9</u>	<b>Jordan Tax Service</b>	Last 4 digits of account number	<u>P 1 4 6</u>	<u>\$1,179.46</u>	<u>unknown</u>	<u>\$1,179.46</u>
Priority Creditor's Name		When was the debt incurred?				
<u>102 Rahway Rd</u>						
Number Street						
<u>McMurray, PA 15317</u>		As of the date you file, the claim is: Check all that apply.				
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<b>2.10</b>	<b>Lincoln Township</b> Priority Creditor's Name <b>P.O. Box 239</b> Number Street  <b>Lake George, MI 48633</b> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7 0 0 1</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$1,638.11</u>	<u>unknown</u>	<u>\$1,638.11</u>	
<b>2.11</b>	<b>Lincoln Township</b> Priority Creditor's Name <b>P.O. Box 239</b> Number Street  <b>Lake George, MI 48633</b> City State ZIP Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 5154 Oak Run	Last 4 digits of account number <u>1 6 0 0</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>	<u>\$1,711.02</u>	<u>unknown</u>	<u>\$1,711.02</u>	

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<b>2.12</b>	<b>Pittsburgh Water</b> Priority Creditor's Name <b>Penn Liberty Plaza I</b> <b>1200 Penn Avenue</b> Number Street <b>Pittsburgh, PA 15222</b> City State ZIP Code	Last 4 digits of account number <u>M A I N</u> When was the debt incurred? <u>03/23/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
<b>2.13</b>	<b>SC Department of Revenue</b> Priority Creditor's Name <b>Office of General Counsel</b> <b>300A Outlet Point Blvd</b> Number Street <b>Columbia, SC 29210</b> City State ZIP Code	Last 4 digits of account number <u>3 7 4 8</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>\$0.00</u>	<u>unknown</u>	<u>\$0.00</u>	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						



Debtor 1     Jacqueline    Elizabeth    Ard     Case number (if known) 25-01384-JD  
 Debtor 2     Terry    Frank    Nicola      
 First Name Middle Name Last Name

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount
<b>2.14</b>	<b>Wayne Co Treasurer</b>	Last 4 digits of account number	<u>7 3 7 1</u>	<u>\$1,238.00</u>	<u>unknown</u>	<u>\$1,238.00</u>
Priority Creditor's Name		When was the debt incurred? _____				
<u>400 Monroe 5th floor</u>						
Number Street						
<u>Detroit, MI 48226</u>		As of the date you file, the claim is: Check all that apply.				
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
<b>2.15</b>	<b>Wayne Co Treasurer</b>	Last 4 digits of account number	<u>1 1 0 9</u>	<u>\$1,006.69</u>	<u>unknown</u>	<u>\$1,006.69</u>
Priority Creditor's Name		When was the debt incurred? _____				
<u>400 Monroe 5th Floor</u>						
Number Street						
<u>Detroit, MI 48266</u>		As of the date you file, the claim is: Check all that apply.				
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Who incurred the debt? Check one.		Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u>				
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
<b>4.1</b>	<b>ADT Security Services</b>	Last 4 digits of account number	<u>9 0 9 4</u>	<b>\$1,599.69</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>Po Box 371878</b>		<u>10/01/2024</u>		
Number Street		As of the date you file, the claim is: Check all that apply.		
<b>Pittsburgh, PA 15250-7878</b>		<input type="checkbox"/> Contingent		
City State ZIP Code		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Consumer debt</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
<b>4.2</b>	<b>Advantage Aviator Bankruptcy Dept</b>	Last 4 digits of account number	<u>7 5 4 0</u>	<b>\$20,400.68</b>
Nonpriority Creditor's Name		When was the debt incurred?		
<b>Portfolio Recovery Associates, LLC</b>				
<b>130 Corporate Blvd</b>		As of the date you file, the claim is: Check all that apply.		
Number Street		<input type="checkbox"/> Contingent		
<b>Norfolk, VA 23502-4952</b>		<input type="checkbox"/> Unliquidated		
City State ZIP Code		<input type="checkbox"/> Disputed		
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Student loans		
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> At least one of the debtors and another		<input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u>		
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.3</b> <u>American Express National Bank</u></p> <p>Nonpriority Creditor's Name <u>Becket and Lee LLP</u></p> <p><u>P.O. Box 3001</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Malvern, PA 19355</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>4 0 0 2</u></p> <p><b>When was the debt incurred?</b> <u>07/1/2023</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$42,254.50</u></p>
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<p><b>4.4</b> <u>American Express National Bank</u></p> <p>Nonpriority Creditor's Name <u>Becket and Lee LLP</u></p> <p><u>P.O. Box 3001</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Malvern, PA 19355</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 0 0 6</u></p> <p><b>When was the debt incurred?</b> <u>06/01/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$1,172.92</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.5</b> <u>Armstrong Cable</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 37749</u></p> <p>Number Street</p> <p><u>Philadelphia, PA 19101-5049</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 1 0 3</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>\$306.17</u></p>
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<p><b>4.6</b> <u>AT&amp;T</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Valor Intelligent Processing, LLC</u></p> <p><u>PO Box 5014</u></p> <p>Number Street</p> <p><u>Carol Stream, IL 60197-5014</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8 8 2 7</u></p> <p><b>When was the debt incurred?</b> <u>09/15/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>\$606.86</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.7</b> <u>AWA Collections</u></p> <p>Nonpriority Creditor's Name <u>Santa Rosa Emergency</u></p> <p><u>PO Box 6605</u></p> <p>Number <u>          </u> Street <u>          </u></p> <p><u>Orange, CA 92863</u></p> <p>City <u>          </u> State <u>          </u> ZIP Code <u>          </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>      </u> <u>      </u> <u>      </u> <u>      </u></p> <p><b>When was the debt incurred?</b> <u>                                </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>	<p><u>unknown</u></p>
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<p><b>4.8</b> <u>Capital One Auto Finance</u></p> <p>Nonpriority Creditor's Name <u>AIS Portfolio Services, LLC</u></p> <p><u>4515 N Santa Fe Ave. Dept. APS</u></p> <p>Number <u>          </u> Street <u>          </u></p> <p><u>Oklahoma City, OK 73118</u></p> <p>City <u>          </u> State <u>          </u> ZIP Code <u>          </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7</u> <u>7</u> <u>4</u> <u>3</u></p> <p><b>When was the debt incurred?</b> <u>                                </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u></p>	<p><u>\$0.00</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.9</b> <u>CitiBank Best Buy</u></p> <p>Nonpriority Creditor's Name</p> <p><u>P.O. Box 790034</u></p> <p>Number Street</p> <p><u>Saint Louis, MO 63179-0034</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6 6 9 2</u></p> <p><b>When was the debt incurred?</b> <u>09/12/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><u>\$2,942.86</u></p>
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<p><b>4.10</b> <u>Comenity Caesars Rewards</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 650960</u></p> <p>Number Street</p> <p><u>Dallas, TX 75265</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 3 0 5</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$5,181.32</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.11</b> <u>Coyne Oil</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Attn: Rose</u></p> <p><u>513 W 5th St</u></p> <p>Number Street</p> <p><u>Clare, MI 48617-9405</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3</u> <u>1</u> <u>2</u> <u>9</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><b>\$64.00</b></p>
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<p><b>4.12</b> <u>DirectTV, LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>CT Corporation</u></p> <p><u>1209 N Orange St</u></p> <p>Number Street</p> <p><u>Wilmington, DE 19801-1120</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8</u> <u>8</u> <u>2</u> <u>7</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$620.81</b></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.13</b>	<b>DTE Energy</b>	Last 4 digits of account number <u>8 9 1 4</u>	<b><u>\$1,271.71</u></b>
	Nonpriority Creditor's Name <b>Attention Legal Department</b>	When was the debt incurred? _____	
	<b>PO Box 740786</b>	As of the date you file, the claim is: Check all that apply.	
	Number _____ Street _____	<input type="checkbox"/> Contingent	
	<b>Cincinnati, OH 45274-0786</b>	<input type="checkbox"/> Unliquidated	
	City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Disputed	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
	Remarks: Utility Services 15826 Appoline		

<b>4.14</b>	<b>DTE Energy</b>	Last 4 digits of account number <u>8 9 2 2</u>	<b><u>\$1,730.37</u></b>
	Nonpriority Creditor's Name <b>Attention Legal Department</b>	When was the debt incurred? _____	
	<b>PO Box 740786</b>	As of the date you file, the claim is: Check all that apply.	
	Number _____ Street _____	<input type="checkbox"/> Contingent	
	<b>Cincinnati, OH 45274-0786</b>	<input type="checkbox"/> Unliquidated	
	City _____ State _____ ZIP Code _____	<input checked="" type="checkbox"/> Disputed	
	Who incurred the debt? Check one.		
	<input checked="" type="checkbox"/> Debtor 1 only		
	<input type="checkbox"/> Debtor 2 only		
	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this claim is for a community debt		
	Is the claim subject to offset?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		



Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.15</b>	<u>First Energy</u>	Last 4 digits of account number	<u>7</u> <u>2</u> <u>8</u> <u>4</u>	<u>\$2,780.70</u>
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Nonpriority Creditor's Name

Penn Power

When was the debt incurred? 07/25/2024

Po Box 16001

Number Street

As of the date you file, the claim is: Check all that apply.

Reading, PA 19612-6001

City State ZIP Code

☐ Contingent

☐ Unliquidated

☒ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

☒ No

☐ Yes

<b>4.16</b>	<u>Fortiva Bobs Discount</u>	Last 4 digits of account number	<u>3</u> <u>5</u> <u>6</u> <u>2</u>	<u>\$2,182.29</u>
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Nonpriority Creditor's Name

TBOM - ATLSA

When was the debt incurred? \_\_\_\_\_

6 Concourse Parkway Second Floor

Number Street

As of the date you file, the claim is: Check all that apply.

Atlanta, GA 30328

City State ZIP Code

☐ Contingent

☐ Unliquidated

☒ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify Credit Card

Is the claim subject to offset?

☒ No

☐ Yes

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.17</b> <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name</p> <p><u>33 Parmenter Rd.</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> D0013-15x15x8</p>	<p>Last 4 digits of account number <u>1 0 5 4</u></p> <p><b>When was the debt incurred?</b> <u>09/30/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><b>\$608.20</b></p>
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<p><b>4.18</b> <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name</p> <p><u>33 Parmenter Rd.</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> A0002</p>	<p>Last 4 digits of account number <u>8 8 0 4</u></p> <p><b>When was the debt incurred?</b> <u>11/01/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><b>\$96.00</b></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

<p><b>4.19</b> <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name</p> <p><u>33 Parmenter Rd.</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: C0029</p>	<p>Last 4 digits of account number <u>1 0 9 6</u></p> <p>When was the debt incurred? <u>10/01/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><u>\$507.60</u></p>
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<p><b>4.20</b> <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name</p> <p><u>33 Parmenter Rd.</u></p> <p>Number Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: E0004A</p>	<p>Last 4 digits of account number <u>1 0 6 8</u></p> <p>When was the debt incurred? <u>10/01/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><u>\$343.20</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.21</b> <u>Go-Store It</u></p> <p>Nonpriority Creditor's Name <u>33 Parmenter Rd.</u></p> <p>Number <u>                </u> Street <u>                </u></p> <p><u>Bluffton, SC 29910</u></p> <p>City <u>                </u> State <u>                </u> ZIP Code <u>                </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Remarks: A0003</p>	<p>Last 4 digits of account number <u>1 0 9 5</u></p> <p><b>When was the debt incurred?</b> <u>10/01/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Storage Bill</u></p>	<p><u>\$291.80</u></p>
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<p><b>4.22</b> <u>Hilton Head Resort Four Seasons Centre</u></p> <p>Nonpriority Creditor's Name <u>Wm Weston J Newton Jones, Simpson &amp; Newton, PA</u></p> <p><u>Po Box 1938</u></p> <p>Number <u>                </u> Street <u>                </u></p> <p><u>Bluffton, SC 29910-1938</u></p> <p>City <u>                </u> State <u>                </u> ZIP Code <u>                </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 3 0 5</u></p> <p><b>When was the debt incurred?</b> <u>06/30/2023</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>HOA fines</u></p>	<p><u>\$5,297.63</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.23</b> <u>Home Depot Commercial</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Centralized bankruptcy</u></p> <p><u>PO Box 790034</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Saint Louis, MO 63179</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>  2  8  0  8  </u></p> <p><b>When was the debt incurred?</b> <u>                    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>\$10,381.06</b></p>
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<p><b>4.24</b> <u>Home Depot Loan #3877</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Po Box 2730</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Alpharetta, GA 30023-2730</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>  6  7  1  9  </u></p> <p><b>When was the debt incurred?</b> <u>03/13/2018</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>\$2,672.38</b></p>
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Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<div style="border: 1px solid black; padding: 2px;">4.25</div>	<p><b>Hughes Network Systems</b></p> <p>Nonpriority Creditor's Name  <u>PO Box 96874</u>  Number                      Street    <u>Chicago, IL 60693-6874</u>  City                      State                      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>2</u> <u>9</u> <u>3</u> <u>6</u></p> <p><b>When was the debt incurred?</b>                      <u>11/01/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u><b>\$0.00</b></u></p>
<div style="border: 1px solid black; padding: 2px;">4.26</div>	<p><b>JPMC</b></p> <p>Nonpriority Creditor's Name  <u>c/o National Bankruptcy Services, LLC</u>  <u>PO Box 9013</u>  Number                      Street  <u>Addison, TX 75001</u>  City                      State                      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>5</u> <u>6</u> <u>7</u> <u>1</u></p> <p><b>When was the debt incurred?</b>                      <u>01/03/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u><b>\$17,242.49</b></u></p>

Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.27</b> <u>JPMorgan Chase Bank, N.A.</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Robertson, Anschutz, Schneid, Crane</u></p> <p><u>6409 Congress Avenue Ste. 100</u></p> <p>Number                      Street</p> <p><u>Boca Raton, FL 33487</u></p> <p>City                              State                      ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>5</u> <u>0</u> <u>4</u> <u>2</u></p> <p>When was the debt incurred?        <u>03/22/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$17,349.55</u></p>
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<p><b>4.28</b> <u>JPMorgan Chase Bank, N.A.</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Robertson, Anschutz, Schneid, Crane</u></p> <p><u>6409 Congress Avenue 100</u></p> <p>Number                      Street</p> <p><u>Boca Raton, FL 33487</u></p> <p>City                              State                      ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>0</u> <u>9</u> <u>4</u> <u>9</u></p> <p>When was the debt incurred?        <u>03/28/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$33,411.50</u></p>
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Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>    25-01384-JD    </u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.29</b>	<b>Kohls</b>	<b>Last 4 digits of account number</b>	<u>    </u> <u>    </u> <u>    </u> <u>    </u>	<b><u>\$1,405.66</u></b>
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Nonpriority Creditor's Name

Khols Payment Center

**When was the debt incurred?**

PO Box 3043

**As of the date you file, the claim is:** Check all that apply.

Number      Street     

☐ Contingent

Milwaukee, WI 53201-3043

☐ Unliquidated

City      State      ZIP Code     

☐ Disputed

**Who incurred the debt?** Check one.

**Type of NONPRIORITY unsecured claim:**

☐ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☒ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify Credit Card

**Is the claim subject to offset?**

☒ No

☐ Yes

<b>4.30</b>	<b>LVNV Funding, LLC</b>	<b>Last 4 digits of account number</b>	<u>    5    </u> <u>    1    </u> <u>    4    </u> <u>    3    </u>	<b><u>\$267.15</u></b>
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Nonpriority Creditor's Name

Resurgent Captial Services

**When was the debt incurred?**

10/09/2024

PO Box 10587

**As of the date you file, the claim is:** Check all that apply.

Number      Street     

☐ Contingent

Greenville, SC 29603-0587

☐ Unliquidated

City      State      ZIP Code     

☐ Disputed

**Who incurred the debt?** Check one.

**Type of NONPRIORITY unsecured claim:**

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify Credit Card

**Is the claim subject to offset?**

☒ No

☐ Yes

**Remarks:** Uniform Claim ID: RSG-00248-804400462



Debtor 1	<u>  Jacqueline  </u>	<u>  Elizabeth  </u>	<u>  Ard  </u>	Case number (if known) <u>  25-01384-JD  </u>
Debtor 2	<u>  Terry  </u>	<u>  Frank  </u>	<u>  Nicola  </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

4.31	<b>LVNV Funding, LLC</b> Nonpriority Creditor's Name <b>Resurgent Captial Services</b> <b>PO Box 10587</b> Number                      Street <b>Greenville, SC 29603-0587</b> City                              State                      ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Uniform Claim ID: RSG-00248-804407818	Last 4 digits of account number <u>  6  </u> <u>  9  </u> <u>  7  </u> <u>  8  </u> When was the debt incurred? <u>  10/09/2024  </u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>  Credit Card  </u>	<u>  \$801.28  </u>
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4.32	<b>Medical University of South Carolina</b> Nonpriority Creditor's Name <b>1 Poston Rd Ste 220</b> Number                      Street <b>Charleston, SC 29407</b> City                              State                      ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>  7  </u> <u>  2  </u> <u>  7  </u> <u>  5  </u> When was the debt incurred? <u>  04/08/2025  </u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>  Medical Bill  </u>	<u>  unknown  </u>
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Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.33</b> <u>    NES    </u></p> <p>Nonpriority Creditor's Name</p> <p><u>    PNC Bank    </u></p> <p><u>    2479 Edison Blvd Unit A    </u></p> <p>Number                  Street</p> <p><u>    Twinsburg, OH 44087    </u></p> <p>City                          State                  ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>    3    </u> <u>    7    </u> <u>    1    </u> <u>    3    </u></p> <p><b>When was the debt incurred?</b>                  _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b><u>\$10,323.49</u></b></p>
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<p><b>4.34</b> <u>    NES    </u></p> <p>Nonpriority Creditor's Name</p> <p><u>    PNC Bank    </u></p> <p><u>    2479 Edison Blvd Unit A    </u></p> <p>Number                  Street</p> <p><u>    Twinsburg, OH 44087    </u></p> <p>City                          State                  ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>    3    </u> <u>    4    </u> <u>    0    </u> <u>    3    </u></p> <p><b>When was the debt incurred?</b>                  _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b><u>\$8,960.51</u></b></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.35</b>	<b>Office Depot Commercial</b>	Last 4 digits of account number	<u>0</u> <u>3</u> <u>6</u> <u>0</u>	<b>\$1,889.18</b>
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Nonpriority Creditor's Name

PO Box 70612

Number Street

Philadelphia, PA 19176-0612

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify \_\_\_\_\_

<b>4.36</b>	<b>Ohio Turnpike Easy Pass</b>	Last 4 digits of account number	_____	<b>unknown</b>
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Nonpriority Creditor's Name

PO Box 94672

Number Street

Cleveland, OH 44101

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify Toll charges

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.37</b> <u>Pacer Service Center</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 780549</u></p> <p>Number                      Street</p> <p><u>San Antonio, TX 78278</u></p> <p>City                              State                      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>3</u>   <u>3</u>   <u>6</u>   <u>3</u></p> <p><b>When was the debt incurred?</b>                      <u>03/10/2025</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u></p>	<p><u>\$1,035.20</u></p>
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<p><b>4.38</b> <u>Palmetto Electric Cooperative Inc</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Michelle Tyler</u></p> <p><u>111 Matthews Drive</u></p> <p>Number                      Street</p> <p><u>Hilton Head Island, SC 29926</u></p> <p>City                              State                      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>4</u>   <u>0</u>   <u>0</u>   <u>7</u></p> <p><b>When was the debt incurred?</b>                      <u>01/27/2025</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Utilities</u></p>	<p><u>\$856.04</u></p>
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**Remarks:** Utility Services for 3218

Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.39</b></p> <p><u>Peoples Gas</u></p> <p>Nonpriority Creditor's Name</p> <p><u>National Recovery Agency</u></p> <p><u>PO Box 644760</u></p> <p>Number <u>        </u> Street <u>        </u></p> <p><u>Pittsburgh, PA 15264-4760</u></p> <p>City <u>        </u> State <u>        </u> ZIP Code <u>        </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>    1    <u>6</u>    <u>3</u>    <u>9</u>    </u></p> <p><b>When was the debt incurred?</b> <u>    04/23/2019    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>    Utilities    </u></p>	<p><u><b>\$860.53</b></u></p>
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<p><b>4.40</b></p> <p><u>PODS Enterprises, LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Legal Department</u></p> <p><u>5585 Rio Vista Dr.</u></p> <p>Number <u>        </u> Street <u>        </u></p> <p><u>Clearwater, FL 33760</u></p> <p>City <u>        </u> State <u>        </u> ZIP Code <u>        </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>    4    <u>6</u>    <u>1</u>    <u>4</u>    </u></p> <p><b>When was the debt incurred?</b> <u>    10/01/2024    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>    Storage Bill    </u></p>	<p><u><b>\$1,883.00</b></u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.41</b></p> <p><u>Quantum3 Group LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Agent for Crown Asset Management LLC</u></p> <p><u>PO Box 788</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Kirkland, WA 98083-0788</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Uniform Claim ID: Q2141424518</p>	<p>Last 4 digits of account number <u>  7  0  0  2  </u></p> <p>When was the debt incurred? <u>  09/05/2023  </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>  Credit Card  </u></p>	<p><u><b>\$4,073.98</b></u></p>
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<p><b>4.42</b></p> <p><u>Resurgent Receivables, LLC</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Resurgent Capital Services</u></p> <p><u>PO Box 10587</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Greenville, SC 29603-0587</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> Uniform Claim ID: RSG-00248-804427110</p>	<p>Last 4 digits of account number <u>  7  4  7  8  </u></p> <p>When was the debt incurred? <u>  05/15/2024  </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>  Credit Card  </u></p>	<p><u><b>\$485.80</b></u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.43</b> <u>SC Department of Motor Vehicles</u></p> <p>Nonpriority Creditor's Name</p> <p><u>SC Driver Records</u></p> <p><u>PO Box 1498</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Blythewood, SC 29016-0028</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7 0 2 5</u></p> <p><b>When was the debt incurred?</b> <u>                    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Tickets</u></p>	<p><u>unknown</u></p>
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<p><b>4.44</b> <u>Synchrony Bank</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Paypal Credit</u></p> <p><u>PO Box 669809</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Dallas, TX 75266</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1 3 5 4</u></p> <p><b>When was the debt incurred?</b> <u>                    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>                    </u></p>	<p><u>\$3,493.08</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.45</b> <u>Synchrony Bank Sams Business</u></p> <p>Nonpriority Creditor's Name <u>PO Box 669809</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Dallas, TX 75266</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5</u> <u>4</u> <u>8</u> <u>7</u></p> <p><b>When was the debt incurred?</b> <u>                    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>\$6,016.04</b></p>
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<p><b>4.46</b> <u>Synchrony Bank Sams Master Card</u></p> <p>Nonpriority Creditor's Name <u>PO Box 669809</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Dallas, TX 75266</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7</u> <u>8</u> <u>2</u> <u>2</u></p> <p><b>When was the debt incurred?</b> <u>                    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>\$8,690.41</b></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.47</b> <u>Synchrony Bank Score Rewards</u></p> <p>Nonpriority Creditor's Name <u>PO Box 669809</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Dallas, TX 75266</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>                    </u></p> <p><b>When was the debt incurred?</b> <u>                    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><u>\$854.71</u></p>
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<p><b>4.48</b> <u>TD Bank</u></p> <p>Nonpriority Creditor's Name <u>PO Box 840</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Columbus, GA 31908</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 5 7 3</u></p> <p><b>When was the debt incurred?</b> <u>                    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Bank Account</u></p>	<p><u>unknown</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.49</b> <u>TD Bank</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Target Card Services</u></p> <p><u>PO Box 673</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Minneapolis, MN 55440-0673</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>  3  4  7  7  </u></p> <p><b>When was the debt incurred?</b> <u>                    </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>\$2,398.35</b></p>
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<p><b>4.50</b> <u>The Huntington National Bank</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 89424 OPC856</u></p> <p>Number <u>                    </u> Street <u>                    </u></p> <p><u>Cleveland, OH 44101</u></p> <p>City <u>                    </u> State <u>                    </u> ZIP Code <u>                    </u></p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>  3  0  5  8  </u></p> <p><b>When was the debt incurred?</b> <u>10/26/2023</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>\$12,878.39</b></p>
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Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.51</b> <u>The Huntington National Bank</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 89424 OPC856</u></p> <p>Number                      Street</p> <p><u>Cleveland, OH 44101</u></p> <p>City                              State                              ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>7</u> <u>0</u> <u>4</u> <u>3</u></p> <p><b>When was the debt incurred?</b>                      <u>07/24/2023</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p><b>\$14,395.02</b></p>
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<p><b>4.52</b> <u>The Woodlands at Saint Barnabas, inc</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Thomas E. Breath</u></p> <p><u>128 West Cunningham St</u></p> <p>Number                      Street</p> <p><u>Butler, PA 16001</u></p> <p>City                              State                              ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number    <u>1</u> <u>0</u> <u>1</u> <u>8</u></p> <p><b>When was the debt incurred?</b>                      <u>10/04/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Rent</u></p>	<p><b>\$58,550.40</b></p>
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**Remarks:** Dillon, McCandless, King, Coulter & Graham, LLP

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<p><b>4.53</b> <u>T-Mobile</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Po Box 53410</u></p> <p>Number                      Street</p> <p><u>Bellevue, WA 98015-3410</u></p> <p>City                              State                              ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>6 2 3 7</u></p> <p><b>When was the debt incurred?</b> <u>10/01/2024</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Business Debt</u></p>	<p><u>\$956.78</u></p>
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<p><b>4.54</b> <u>Traffic Magistrate</u></p> <p>Nonpriority Creditor's Name</p> <p><u>4819 Bluffton Parkway</u></p> <p>Number                      Street</p> <p><u>Bluffton, SC 29910</u></p> <p>City                              State                              ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>          </u></p> <p><b>When was the debt incurred?</b> <u>          </u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Ticket</u></p>	<p><u>unknown</u></p>
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Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<div style="border: 1px solid black; padding: 2px;">4.55</div>	<p><b>U.S. Department of Education</b></p> <p>Nonpriority Creditor's Name</p> <p><b>Nelnet</b></p> <p><b>121 South 13th St</b></p> <p>Number Street</p> <p><b>Lincoln, NE 68508</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3</u> <u>7</u> <u>4</u> <u>8</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify _____</p>	<p><b>\$76,223.69</b></p>
<div style="border: 1px solid black; padding: 2px;">4.56</div>	<p><b>Verizon</b></p> <p>Nonpriority Creditor's Name</p> <p><b>Wireless Bankruptcy Administration</b></p> <p><b>500 Technology Dr Ste. 500</b></p> <p>Number Street</p> <p><b>Saint Charles, MO 63304</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>1</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify _____</p>	<p><b>\$987.01</b></p>

Debtor 1	<u>    Jacqueline    </u>	<u>    Elizabeth    </u>	<u>    Ard    </u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>    Terry    </u>	<u>    Frank    </u>	<u>    Nicola    </u>	
	First Name	Middle Name	Last Name	

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

<b>4.57</b>	<u>West Virginia Parkways Authority</u>	Last 4 digits of account number	<u>    0    </u> <u>    4    </u> <u>    8    </u> <u>    7    </u>	<u>unknown</u>
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Nonpriority Creditor's Name

Customer Service Center

When was the debt incurred?

Po Box 1469

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

Charleston, WV 25325-1469

☐ Unliquidated

City State ZIP Code

☐ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☒ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

☒ Other. Specify Ticket

Is the claim subject to offset?

☒ No

☐ Yes

<b>4.58</b>	<u>Wright's Custom Body Shop LLC</u>	Last 4 digits of account number	<u>    2    </u> <u>    6    </u> <u>    6    </u> <u>    1    </u>	<u>unknown</u>
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Nonpriority Creditor's Name

Progressive Insurance

When was the debt incurred?

04/14/2023

1216 Leeson Ave

As of the date you file, the claim is: Check all that apply.

Number Street

☐ Contingent

Cadillac, MI 49601-9097

☐ Unliquidated

City State ZIP Code

☒ Disputed

Who incurred the debt? Check one.

Type of NONPRIORITY unsecured claim:

☐ Debtor 1 only

☐ Student loans

☐ Debtor 2 only

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

☒ No

☐ Yes

Remarks: Progressive Insurance Claim 23-7602661

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>	Case number (if known) <u>25-01384-JD</u>
Debtor 2	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>	
	First Name	Middle Name	Last Name	

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**1.** Detroit Water and Sewerage Dept On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_ Line 2.4 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims  
P.O. Box 554899 ☐ Part 2: Creditors with Nonpriority Unsecured Claims  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Detroit, MI 48255-4899  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**2.** Detroit Water and Sewerage Dept On which entry in Part 1 or Part 2 did you list the original creditor?

Name \_\_\_\_\_ Line 2.5 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims  
P.O. Box 554899 ☐ Part 2: Creditors with Nonpriority Unsecured Claims  
Number \_\_\_\_\_ Street \_\_\_\_\_  
Last 4 digits of account number \_\_\_\_\_  
Detroit, MI 48255-4899  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1	<b>Jacqueline</b>	<b>Elizabeth</b>	<b>Ard</b>	Case number (if known) <b>25-01384-JD</b>
Debtor 2	<b>Terry</b>	<b>Frank</b>	<b>Nicola</b>	
	First Name	Middle Name	Last Name	

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			<b>Total claim</b>
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a.	<b>\$0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	<b>\$0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<b>\$0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	<b>\$20,252.48</b>
	6e. Total. Add lines 6a through 6d.	6e.	<b>\$20,252.48</b>
			<b>Total claim</b>
<b>Total claims from Part 2</b>	6f. Student loans	6f.	<b>\$76,223.69</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<b>\$0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	<b>\$0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<b>\$313,378.30</b>
	6j. Total. Add lines 6f through 6i.	6j.	<b>\$389,601.99</b>



Fill in this information to identify your case:

Debtor 1	<b>Jacqueline</b>	<b>Elizabeth</b>	<b>Ard</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Terry</b>	<b>Frank</b>	<b>Nicola</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of <b>South Carolina</b>			
Case number (if known)	<b>25-01384-JD</b>		

☒ Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

\_\_\_\_\_  
 Name of your spouse, former spouse, or legal equivalent

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1 **Ard, Louis**

Name

**21215 Dartmouth Dr**

Number Street

**Southfield, MI 48076-5634**

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☒ Schedule E/F, line **4.6**

☐ Schedule G, line \_\_\_\_\_

3.2 **Global Management Group LLC**

Name

**21215 Dartmouth Dr**

Number Street

**Southfield, MI 48076-5634**

City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☒ Schedule E/F, line **4.27, 4.53, 4.58**

☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of South Carolina</u>		
Case number (if known)	<u>25-01384-JD</u>		

☒ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

#### 1. What is your current marital status?

- ☒ Married
- ☐ Not married

#### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
- ☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>21215 Dartmouth Dr</u> Number Street	From <u>10/08/2024</u> To <u>03/13/2025</u>	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1
<u>Southfield, MI 48076-5634</u> City State ZIP Code		Number Street City State ZIP Code	From _____ To _____
Number Street	From _____ To _____	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
City State ZIP Code		<u>1006 Laurel Oak Dr</u> Number Street	From <u>07/01/2023</u> To <u>07/01/2024</u>
		<u>Valencia, PA 16059-1338</u> City State ZIP Code	

#### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1	Jacqueline	Elizabeth	Ard
Debtor 2	Terry	Frank	Nicola
	First Name	Middle Name	Last Name

Case number (if known) 25-01384-JD

**Part 2:** Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross Income (before deductions and exclusions)	Gross Income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <u>\$6,829.01</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2024</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <u>\$81,948.16</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2023</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business <u>\$59,249.21</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☐ No☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross Income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		<u>Retirement</u> <u>\$27,835.09</u>
For last calendar year: (January 1 to December 31, <u>2024</u> ) YYYY		<u>Retirement</u> <u>\$126,305.36</u>
For the calendar year before that: (January 1 to December 31, <u>2023</u> ) YYYY		<u>Retirement</u> <u>\$145,085.26</u>

Debtor 1 Debtor 2	<b>Jacqueline Terry</b>	<b>Elizabeth Frank</b>	<b>Ard Nicola</b>	Case number (if known) <b>25-01384-JD</b>
	First Name	Middle Name	Last Name	

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$8,575\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$8,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1	<b>Jacqueline</b>	<b>Elizabeth</b>	<b>Ard</b>	
Debtor 2	<b>Terry</b>	<b>Frank</b>	<b>Nicola</b>	Case number (if known) <b>25-01384-JD</b>
	First Name	Middle Name	Last Name	

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name				
Number Street				
City State ZIP Code				

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <b>Spa on Port Royal Sound V. Jacqueline Ard</b> Case number <b>2025-000648</b>	<b>Appeal of Foreclosure action/judgement</b>	<b>SC Court of Appeals</b> Court Name <b>1220 Senate Street</b> Number Street <b>Columbia, SC 29201</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <b>Thomas S Crook v Cummings Reality Inc.</b> Case number <b>2022-0000900398CZ</b>	<b>Real Estate Dispute</b>	<b>State Of Michigan 55th Clare County</b> Court Name <b>225 West Main</b> Number Street <b>Harrison, MI 48625</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case title <b>HHR Four Seasons v Jacqueline Ard and et al</b> Case number <b>2023 CP 0701305</b>		<b>SC Court of Common Pleas</b> Court Name Number Street City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Jacqueline** Elizabeth **Ard**  
 Debtor 2 **Terry** Frank **Nicola**  
 Case number (if known) **25-01384-JD**

First Name Middle Name Last Name

		Nature of the case	Court or agency	Status of the case
Case title	<b>HHR Four Seasons v Jacqueline Ard and Terry Nicola</b>		<b>SC Court of Appeals</b> Court Name <b>1220 Senate Street</b> Number Street <b>Columbia, SC 29201</b> City State ZIP Code	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	<b>2021 CP 0701984</b>			
Case title	<b>in re Jacqueline Ard and Terry Nicola</b>	<b>Damages Viloation of Auto stay</b>	<b>J. Bratton Davis</b> Court Name <b>US Bankruptcy Courthouse</b> <b>1100 Laurel St</b> Number Street <b>Columbia, SC 29201-2423</b> City State ZIP Code	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	<b>24-03611</b>			
Case title	<b>in re Jacqueline v Zeidman Jewelry</b>	<b>Violation of Stay</b>	<b>J. Bratton Davis</b> Court Name <b>US Bankruptcy Courthouse</b> <b>1100 Laurel St</b> Number Street <b>Columbia, SC 29201-2423</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	<b>25-80005</b>			
Case title	<b>Hilton Head Resorts v Jacqueline Ard et al</b>	<b>Violation of Stay</b>	<b>J. Bratton Davis</b> Court Name <b>US Bankruptcy Courthouse</b> <b>1100 Laurel St</b> Number Street <b>Columbia, SC 29201-2423</b> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	<b>25 80006</b>			
Case title	<b>Estate at Westbury v. Jacqueline Ard et al</b>	<b>foreclosure</b>	<b>SC Court of Appeals</b> Court Name <b>1220 Senate Street</b> Number Street <b>Columbia, SC 29201</b> City State ZIP Code	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	<b>ap2025 000677</b>			
Case title	<b>Phillip Lowman v Jacqueline Ard, Global Management Group, LLC</b>	<b>Injury Claim</b>	<b>SC Court of Common Pleas</b> Court Name  Number Street  City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number	<b>2024CP0700616</b>			

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
- ☒ Yes. Fill in the information below.

Debtor 1 **Jacqueline** Debtor 2 **Terry** **Elizabeth** **Ard** **Nicola** Case number (if known) **25-01384-JD**

First Name Middle Name Last Name

**Title Max Corporation**

Creditor's Name

**15 Bull St**

Number Street

**Savannah, GA 31401-2685**

City State ZIP Code

Describe the property	Date	Value of the property
2017 Hyundai Elantra	04/09/2025	\$4,500.00

**Explain what happened**

- ☒ Property was repossessed.  
☐ Property was foreclosed.  
☐ Property was garnished.  
☐ Property was attached, seized, or levied.

**Zeidmans Jewelry & Loan of MI**

Creditor's Name

**2669 Gratiot Ave**

Number Street

**Detroit, MI 48207-3207**

City State ZIP Code

Describe the property	Date	Value of the property
Jewelry property of the Estate retained and sold	03/26/2025	\$35,540.00

**Explain what happened**

- ☐ Property was repossessed.  
☐ Property was foreclosed.  
☐ Property was garnished.  
☒ Property was attached, seized, or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Describe the action the creditor took	Date action was taken	Amount

Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number: XXXX- \_ \_ \_ \_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No  
☒ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Debtor 1 **Jacqueline** **Elizabeth** **Ard**  
 Debtor 2 **Terry** **Frank** **Nicola**  
 First Name Middle Name Last Name Case number (if known) **25-01384-JD**

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			
Number Street			
City State ZIP Code			
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
- ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City State ZIP Code			

## Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
- ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost



Debtor 1 **Jacqueline** **Elizabeth** **Ard**  
 Debtor 2 **Terry** **Frank** **Nicola**

Case number (if known) **25-01384-JD**

**Part 7:** List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			
Email or website address			
Person Who Made the Payment, if Not You			

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State ZIP Code			

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☒ No

☐ Yes. Fill in the details.

Debtor 1 **Jacqueline** **Elizabeth** **Ard**  
 Debtor 2 **Terry** **Frank** **Nicola**  
 First Name Middle Name Last Name Case number (if known) **25-01384-JD**

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			
Person's relationship to you			

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?**  
 (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust	

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
XXXX- - - -	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		
	<input type="checkbox"/> Money market		
	<input type="checkbox"/> Brokerage		
	<input type="checkbox"/> Other		
Name of Financial Institution			
Number Street			
City State ZIP Code			

Debtor 1 **Jacqueline** **Elizabeth** **Ard**  
 Debtor 2 **Terry** **Frank** **Nicola**  
 First Name Middle Name Last Name

Case number (if known) **25-01384-JD**

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
- ☐ Yes. Fill in the details.

Who else had access to it?		Describe the contents	Do you still have it?
<b>Name of Financial Institution</b> <hr/>			<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Name</b> <hr/>			
<b>Number</b>	<b>Street</b> <hr/>		
<b>City</b>			
<b>State</b>			
<b>ZIP Code</b> <hr/>			

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
- ☒ Yes. Fill in the details.

Who else has or had access to it?		Describe the contents	Do you still have it?
<b>Go-Store It</b> <b>Name of Storage Facility</b> <hr/>		<b>Assorted Business equipment</b> <hr/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Name</b> <hr/>			
<b>Number</b>	<b>Street</b> <hr/>		
<b>City</b>			
<b>State</b>			
<b>ZIP Code</b> <hr/>			
<b>Bluffton, SC 29910</b> <b>City</b>			
<b>PODS</b> <b>Name of Storage Facility</b> <hr/>		<b>Personal belongs.</b> <hr/>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>Name</b> <hr/>			
<b>Number</b>	<b>Street</b> <hr/>		
<b>City</b>			
<b>State</b>			
<b>ZIP Code</b> <hr/>			
<b>Leetsdale, PA 15056</b> <b>City</b>			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 **Jacqueline** **Elizabeth** **Ard**  
 Debtor 2 **Terry** **Frank** **Nicola**  
 First Name Middle Name Last Name Case number (if known) **25-01384-JD**

Where is the property?		Describe the property	Value
<b>Owner's Name</b> _____ <b>Number Street</b> _____ <b>Number Street</b> _____ <b>City State ZIP Code</b> _____ <b>City State ZIP Code</b> _____		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	_____

**Part 10:** Give Details About Environmental Information

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No
- ☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
<b>Name of site</b> _____ <b>Governmental unit</b> _____ <b>Number Street</b> _____ <b>Number Street</b> _____ <b>City State ZIP Code</b> _____ <b>City State ZIP Code</b> _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	_____

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1  
Debtor 2

**Jacqueline  
Terry**

**Elizabeth  
Frank**

**Ard  
Nicola**

Case number (if known) **25-01384-JD**

First Name Middle Name Last Name

**Governmental unit**

**Environmental law, if you know it**

**Date of notice**

**Name of site**

**Governmental unit**

**Number Street**

**Number Street**

**City State ZIP Code**

**City State ZIP Code**

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

**Court or agency**

**Nature of the case**

**Status of the case**

**Case title**

**Court Name**

**Number Street**

**Case number**

**City State ZIP Code**

☐ Pending

☐ On appeal

☐ Concluded

**Part 11:** Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ A partner in a partnership

☒ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

**Global Management Group LLC**

**Name**

**Describe the nature of the business**

**Employer Identification number**

**Do not include Social Security number or ITIN.**

**Property Management**

**EIN:** 6 1 - 1 6 0 4 1 1 1

**21215 Dartmouth Dr**

**Number Street**

**Name of accountant or bookkeeper**

**Dates business existed**

**Southfield, MI 48076-5634**

**City State ZIP Code**

**From** 09/24/2009 **To** \_\_\_\_\_

Debtor 1  
Debtor 2

Jacqueline Elizabeth Ard  
Terry Frank Nicola

Case number (if known) **25-01384-JD**

First Name Middle Name Last Name

**Beachside Estates LLC**

Name

**100 Kensington Blvd Unit 1106**

Number Street

**Bluffton, SC 29910**

City State ZIP Code

Describe the nature of the business

Multi-member LLC Partnership

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 8 - 1 0 0 9 4 3 1

Name of accountant or bookkeeper

Dates business existed

From 03/03/2022 To \_\_\_\_\_

**Global Management Group LLC**

Name

**21215 Dartmouth Dr**

Number Street

**Southfield, MI 48076-5634**

City State ZIP Code

Describe the nature of the business

Property Management

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 6 1 - 1 6 0 4 1 1 1

Name of accountant or bookkeeper

Dates business existed

From 09/24/2009 To \_\_\_\_\_

**Beachside Estates LLC**

Name

**100 Kensington Blvd Unit 1106**

Number Street

**Bluffton, SC 29910**

City State ZIP Code

Describe the nature of the business

Multi-member LLC Partnership

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 8 8 - 1 0 0 9 4 3 1

Name of accountant or bookkeeper

Dates business existed

From 03/03/2022 To \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Debtor 1  
Debtor 2

Jacqueline  
Terry  
First Name

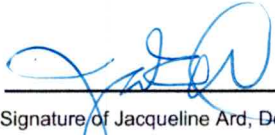
Elizabeth  
Frank  
Middle Name

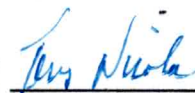
Ard  
Nicola  
Last Name

Case number (if known) 25-01384-JD

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X   
Signature of Jacqueline Ard, Debtor 1  
Date 05/08/2025

X   
Signature of Terry Nicola, Debtor 2  
Date 05/08/2025

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No  
☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<u>Jacqueline</u>	<u>Elizabeth</u>	<u>Ard</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Terry</u>	<u>Frank</u>	<u>Nicola</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>District of South Carolina</u>		
Case number (if known)	<u>25-01384-JD</u>		

☒ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

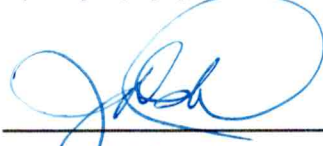
Sign Below

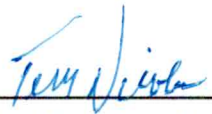
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X   
Jacqueline Ard, Debtor 1

X   
Terry Nicola, Debtor 2

Date 05/08/2025  
MM/ DD/ YYYY

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MM/ DD/ YYYY



IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF SOUTH CAROLINA  
CHARLESTON DIVISION

IN RE: Ard, Jacqueline Elizabeth  
Nicola, Terry Frank

CASE NO 25-01384-JD

CHAPTER 13

AMENDED

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 05/08/2025

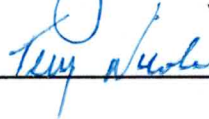
Signature



Jacqueline Elizabeth Ard, Debtor

Date 05/08/2025

Signature



Terry Nicola, Joint Debtor

ADT Security Services  
PO Box 371878  
Pittsburgh, PA 15250-7878

Advantage Aviator Bankruptcy Dept  
Portfolio Recovery Associates, LLC  
130 Corporate Blvd  
Norfolk, VA 23502-4952

American Express National Bank  
Becket and Lee LLP  
P.O. Box 3001  
Malvern, PA 19355

Armstrong Cable  
PO Box 37749  
Philadelphia, PA 19101-5049

AT&T  
Valor Intelligent Processing, LLC  
PO Box 5014  
Carol Stream, IL 60197-5014

AWA Collections  
Santa Rosa Emergency  
PO Box 6605  
Orange, CA 92863

Beaufort County Treasurer  
Property Tax  
Po Box 105176  
Atlanta, GA 30348-5176

Bromley Law Firm LLC  
Evan K. Bromley  
211 Goethe Rd Ste B  
Bluffton, SC 29910-6014

Capital One Auto Finance  
AIS Portfolio Services, LLC  
4515 N Santa Fe Ave. Dept. APS  
Oklahoma City, OK 73118

CitiBank Best Buy  
P.O. Box 790034  
Saint Louis, MO 63179-0034

City of Detroit Water and Sewerage Dept  
735 Randolph St  
Detroit, MI 48226-2830

Comenity Caesars Rewards  
PO Box 650960  
Dallas, TX 75265

Consumer Energy Company  
Attn: Legal Dept  
One Energy Plaza Dr  
Jackson, MI 49201-2357

County of Allegheny Treasurer  
Room 108 Courthouse  
436 Grant St  
Pittsburgh, PA 15219

Coyne Oil  
Attn: Rose  
513 W 5th St  
Clare, MI 48617-9405

Detroit Water and Sewerage Dept  
P.O. Box 554899  
Detroit, MI 48255-4899

DirectTV, LLC  
CT Corporation  
1209 N Orange St  
Wilmington, DE 19801-1120

DTE Energy  
Attention Legal Department  
PO Box 740786  
Cincinnati, OH 45274-0786

East Pittsburgh Borough  
813 Linden Ave  
East Pittsburgh, PA 15112

Esq. Jannine M. Mutterer  
5 Cedar St.  
Bluffton, SC 29910-7215

Estate At Westbury Owners Assoc, Inc  
Board of Directors  
85 Kensington Blvd  
Bluffton, SC 29910-4884

First Energy  
Penn Power  
Po Box 16001  
Reading, PA 19612-6001

Fortiva Bobs Discount  
TBOM - ATLSA  
6 Concourse Parkway Second Floor  
Atlanta, GA 30328

Go-Store It  
33 Parmenter Rd.  
Bluffton, SC 29910

Hilton Head Resort Four Seasons Centre  
Wm Weston J Newton  
Jones, Simpson & Newton, PA  
Po Box 1938  
Bluffton, SC 29910-1938

Home Depot Commercial

Centralized bankruptcy

PO Box 790034

Saint Louis, MO 63179

Home Depot Loan #3877

Po Box 2730

Alpharetta, GA 30023-2730

Honorable Nicola Henry-Taylor

Allegheny Court of Common Pleas

712 City Council Building

414 Grant St

Pittsburgh, PA 15219-2409

Hughes Network Systems

PO Box 96874

Chicago, IL 60693-6874

Ian D, Maguire and Tiffany Buffkin

Maguire Law Firm

1600 North Oak St Ste. B

Myrtle Beach, SC 29577-3525

Jordan Tax Service  
102 Rahway Rd  
McMurray, PA 15317

JPMC  
c/o National Bankruptcy Services, LLC  
PO Box 9013  
Addison, TX 75001

JPMorgan Chase Bank, N.A.  
Robertson, Anschutz, Schneid, Crane  
6409 Congress Avenue 100  
Boca Raton, FL 33487

Julie A. Franklin, Esq  
Po Box 2976  
Bluffton, SC 29910-2976

Kohls Payment Center  
PO Box 3043  
Milwaukee, WI 53201-3043



Komatsu Benefit Dept  
Mark Harder  
401 E Greenfield Ave  
Milwaukee, WI 53204-2941

Law Office of Scott M. Wild LLC  
Scott M. Wild  
37 New Orleans Road Suite F  
Hilton Head Island, SC 29928

Lincoln Township  
P.O. Box 239  
Lake George, MI 48633

Louis Ard  
21215 Dartmouth Dr  
Southfield, MI 48076-5634

LVNV Funding, LLC  
Resurgent Captial Services  
PO Box 10587  
Greenville, SC 29603-0587

Master in Equity  
102 Ribaut Rd 2nd Floor  
Beaufort, SC 29902-4453

Medical University of South Carolina  
1 Poston Rd Ste 220  
Charleston, SC 29407

Midland Credit Management  
320 East Big Beaver  
Troy, MI 48083-1271

Monevolnc  
8910 University Cntr Lane Ste. 400  
San Diego, CA 92122-1025

Morgan Lewis & Bockius LLP  
Attn: Matt Hawes  
One Oxford Centre, Thirty-Second FLR  
Pittsburgh, PA 15219-6401

Morgan Templeton  
145 King Street Ste. 300  
Charleston, SC 29401-2253

Mutterer Law Firm, LLC  
Jannine M. Mutterer, Esq  
5 Red Cedar Street Suite 102  
Bluffton, SC 29910

Nationstar Mortgage, LLC  
Attn: Bankruptcy Department  
PO Box 619096  
Dallas, TX 75261-9741

Nationwide Credit Inc  
1225 Washington St Ste. 301  
Tempe, AZ 85288-1239

NES  
PNC Bank  
2479 Edison Blvd Unit A  
Twinsburg, OH 44087

Norman Jewelry and Loan  
24777 Telegraph Suite B  
Southfield, MI 48034

Northstar Location Services  
4285 Genesee St.  
Buffalo, NY 14225-1943

Office Depot Business Credit  
Dept 563-8406380360  
PO Box 70612  
Philadelphia, PA 19176-0612

Ohio Turnpike Easy Pass  
PO Box 94672  
Cleveland, OH 44101

PA Dept of Revenue  
Bureau of Individual Taxes  
PO Box 280504  
Philadelphia, PA 19176-0612

PA Turnpike Toll By Plate  
PO Box 645631  
Pittsburgh, PA 15264-5254

Pacer Service Center  
PO Box 780549  
San Antonio, TX 78278

Palmetto Electric Cooperative Inc  
Michelle Tyler  
111 Matthews Drive  
Hilton Head Island, SC 29926

Peoples Gas  
National Recovery Agency  
PO Box 644760  
Pittsburgh, PA 15264-4760

Pittsburgh Water  
Penn Liberty Plaza I  
1200 Penn Avenue  
Pittsburgh, PA 15222

Plymouth Rock Assurance  
695 Atlantic Ave  
Boston, MA 02111-2605

PNC Bank  
1900 E 9th St  
Cleveland, OH 44114-3484

PODS Enterprises, LLC  
Legal Department  
5585 Rio Vista Dr.  
Clearwater, FL 33760

Polly Nicola  
2583 Lower Assembly Drive  
Fort Mill, SC 29708

Quantum3 Group LLC  
Agent for Crown Asset Management LLC  
PO Box 788  
Kirkland, WA 98083-0788

Radius Global Solutions  
7831 Glenory Rd Ste. 250  
Minneapolis, MN 55439-3117

Resurgent Receivables, LLC  
Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29603-0587

S.C. Dept of Revenue and Taxation  
PO Box 125  
Columbia, SC 29214-0001

SC Department of Motor Vehicles  
SC Driver Records  
PO Box 1498  
Blythewood, SC 29016-0028

SC Department of Revenue  
Office of General Counsel  
300A Outlet Point Blvd  
Columbia, SC 29210

Semina Delaurentis  
66 Quail Run  
Torrington, CT 06790-2549

Smith Debnam Narron Drake Saintsing  
& Myers, LLP  
Lucas S. Fautua  
171 Church St Ste 120c  
Charleston, SC 29401-3136

South Carolina Dept of Motor Vehicles  
PO Box 1498  
Blythewood, SC 29016-1498

Synchrony Bank  
Paypal Credit  
PO Box 669809  
Dallas, TX 75266

Synchrony Bank Sams Business  
PO Box 669809  
Dallas, TX 75266



Synchrony Bank Sams Master Card  
PO Box 669809  
Dallas, TX 75266

Synchrony Bank Score Rewards  
PO Box 669809  
Dallas, TX 75266

Synergetic Communication  
PO Box 680608  
Franklin, TN 37068-0608

Tate and Kirlin Assoc  
4800 E Street Rd Ste 170  
Fstrvl Trvose, PA 19053-6660

Taybron Law Firm LLC  
3399 Churchview Ave  
Pittsburgh, PA 15227-4358

TBOM-ATLAS-Fortiva  
6 Concourse Pkwy # 2  
Atlanta, GA 30328-6117

TD Bank  
PO Box 840  
Columbus, GA 31908

TD Bank  
Target Card Services  
PO Box 673  
Minneapolis, MN 55440-0673

TD Bank  
PO Box 84037  
Columbus, GA 31908

The Hertz Corporation  
8501 Williams Rd  
Estero, FL 33928-3325

The Huntington National Bank  
PO Box 89424 OPC856  
Cleveland, OH 44101

The Spa on Port Royal Sound  
Board of Directors  
239 Beach City Rd  
Hilton Head, SC 29926-4707

The Woodlands at St Barnabas  
Thomas E. Breath  
128 West Cunningham St  
Butler, PA 16001

Ticket Division  
PA Turnpike EZ Pass  
300 E Park Dr  
Harrisburg, PA 17111-2729

Title Max of South Carolina  
Attn: John B Kelchner  
1901 Main St. Ste 900  
Columbia, SC 29201

T-Mobile  
Po Box 53410  
Bellevue, WA 98015-3410

Traffic Magistrate  
4819 Bluffton Parkway  
Bluffton, SC 29910

U.S. Department of Education  
Nelnet  
121 South 13th St  
Lincoln, NE 68508

UPMC  
Po Box 371472  
Pittsburgh, PA 15250-7472

Verizon  
Wireless Bankruptcy Administration  
500 Technology Dr Ste. 500  
Saint Charles, MO 63304

Viking Client Services  
Hertz Damage Recovery Team  
7500 Office Ridge Cir Ste 100  
Eden Prairie, MN 55344-3763

Wayne Co Treasurer  
400 Monroe 5th floor  
Detroit, MI 48226

Wells Fargo Bank  
Po Box 5058  
Portland, OR 97208-5058

West Virginia Parkways Authority  
Customer Service Center  
Po Box 1469  
Charleston, WV 25325-1469

West-Aircomm FCU  
Weltman, Weinberg & Reis Co LPA  
5990 W Creek Rd Ste 200  
Independence, OH 44131-2191

Westlake Financial  
2 Equity Way Ste 200  
Westlake, OH 44145-1045

Wright's Custom Body Shop LLC

1216 Leeson Ave

Cadillac, MI 49601-9097

Zeidman's Jewelry & Loan of MI

Best Law Tara E. Nauful

Po Box 2374

Mt Pleasant, SC 29465-2374